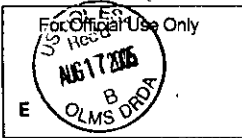


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 8771	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name DAVID L BEARD P.O. Box, Bldg., Room No., if any Street 6460 BOEHNE City WATERLOO State Illinois ZIP Code + 4 62298	4. Name, file number, and address of labor organization. Name IRONWORKERS LOCAL 392 Labor Organization File Number 13900 P.O. Box, Building and Room Number, if any Street 2995 KINGSHIGHWAY City E. ST. LOUIS State Illinois ZIP Code + 4 62201
5. Position in labor organization. BUSINESS MANAGER	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u><i>David Beard</i></u>	On <u>8-11-05</u> <u>678-363-2002</u> Date Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name GHP

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 111 CORPORATE OFFICE DRIVE

City EARTH CITY

State Missouri ZIP Code + 4 63045

9. Business deals with:

- ☐ a. Labor Organization
- ☒ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name IRONWORKERS ST. LOUIS DISTRICT WELFARE TRUST

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2160 SOUTH FOSTER AVE.

City WHEELING

State Illinois ZIP Code + 4 60090

11.a. Nature of such dealing.

BUSINESS LUNCH

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

LUNCH

12.b. Amount.

839

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

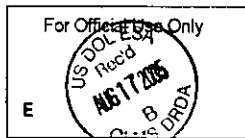
13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <input type="text"/>	2. Fiscal Year Covered From: <input type="text"/> / <input type="text"/> / 2004 Through: <input type="text"/> / <input type="text"/> / 2004
3. Name and address of person filing. Name <input type="text"/> <input type="text"/> L <input type="text"/> BEARD P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> 6460 BOEHNE City <input type="text"/> WATERLOO State <input type="text"/> Illinois ZIP Code + 4 <input type="text"/> 62298	4. Name, file number, and address of labor organization. Name <input type="text"/> IRONWORKERS LOCAL 392 Labor Organization File Number <input type="text"/> P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text"/> 2995 KINGSHIGHWAY City <input type="text"/> E. ST. LOUIS State <input type="text"/> Illinois ZIP Code + 4 <input type="text"/> 62201
5. Position in labor organization. <input type="text"/> BUSINESS MANAGER	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.a. Nature of Interest, Transaction, or Income. <input type="text"/> 7.b. Amount. <input type="text"/>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>David Beard</u>	On <u>8-11-05</u> <u>618-363-2002</u> Date Telephone Number

Name of Person Filing DAVID BEARD

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

- ☐ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name HENRY SIEKMANN

Trade Name, if any: AKS

P.O. Box, Bldg., Room No., if any

Street 2810 FRANK SCOTT PKWY WEST STE. 704

City BELLEVILLE

State Illinois ZIP Code + 4 62223-5007

14.a. Nature of payment.

SOUTHERN ILLINOIS BUILDERS ASSOCIATION GOLF OUTING
Entry Fee

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

 \$125